Ellective (C40)0011, 2003							07/973203					
l	CLAIMS AS FILED - PART I							SMALL	ENTITY			R THAN
ŀ	TOTAL CLAIM	(Colu	(Column 1)		(Column 2)		TYPE		OF		ENTITY	
∦,	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE			RATE	FEE	
TOTAL CHARGEABLE CLAIMS				minus 20= *		·		i	= \$385	OF		E 3770
-	INDEPENDENT CLAIMS			minus 3 =	*			X\$4 =		OF	X\$18.=	·
	MULTIPLE DEPENDENT CLAIM PF							X43=		OR	X8b=	
-			· · · · · · · · · · · · · · · · · · ·			ا ا		+145=	.	OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						,	TOTAL		ÖR	TOTAL		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	. ENTITY	OR		THAN ENTITY
≥		CLAIMS REMAINING		HIGHI NUME	BER	PRESENT EXTRA		RATE	ADDI-		RATE	ADDI-
AFIN		AFTER AMENDMENT		PREVIO PAID F					TIONAI FEE			TIONAL FEE
AMENDMENT A	Total	. 20	Minus	** 2	0	-		X\$9=		OR	X\$(8=	
F	Independent	* 3	Minus	+++ 3]=		X43=		OR	126=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145:=		OR	-0A0=	
•		· ·	ž.			• .	L	TOTAL		ا _{حک} ا	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE			ADDIT. FEE	
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL] [RATE	ADDI- TIONAL
AMENDMENT B	Total '	*	Minus	PAID F	ОН	=	 	x\$9 _≠ .	FEE	1	VAIO	FEE
	Independent	*	Minus	***	•	=	-			OR	X\$/8=	
4	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT C	LAIM		-	X43=		OR	X86≠ .	•
		•	. •	•	•	•	L	+145=	. •	OR	t290=	,
•				· .		· ·.	ΑĒ	TOTAL DDIT, FEE		OR A	TOTAL DDIT: FEE	
		(Column 1) CLAIMS		(Column		(Column 3)			• .			
NCN C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
- KINICINICINICINI	Total	*	Minus	, **		= .		x\$9=		OR	X\$[8=	
	Independent	*	Minus	***		=	1	XB=		∖ 	×86	
_	HINST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT C	LAIM		-		· ·	OR		
: If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							146=		OR	+390=	· · · · · · · · · · · · · · · · · · ·
II	the "Highest Nun the "Highest Nun	TOTAL DIT. FEE			TOTAL DDIT. FEE							
TI	ne "Highest Numl	per Previously Paid	For" (Total or	Independent)	is the h	ighest number f	ound	in the appr	opriale box	in colur	nņ∙1.	
RM F	TO-875 (Rev. 12/	02) 'U.S. Gove	roment Printing Of	ice: 2003 — 498	278/6015	, P	atent :	and Tradoma	rk Office 119	O C DA C	TMENT OF C	· ·

Application or Docket Number